



DEPARTMENT OF TRANSPORTATION (DOT)
Authorization and Request for DOT Drug and Alcohol Testing Information from Previous Employer
 (As required by 49 CFR Parts 40.25)

SECTION A – TO BE COMPLETED BY APPLICANT ONLY – THESE FORMS ARE FOR PIPELINE WORKERS ONLY

Applicant Name:	SSN:	Date of Birth:		
<p>I, as the Applicant named above, hereby authorize the previous employer listed below to release information from my Department of Transportation regulated drug and alcohol testing records outlined in Section C to <u>DISA Global Solutions, Inc.</u> on behalf of _____ in accordance with 49 CFR Part 40.25.</p>				
Previous Employer Name	Address	Phone #	Fax #	Dates of Employment
<input type="checkbox"/>	Check this box if you have NOT performed DOT functions in the past three years.			
Applicant Signature:			Date:	

SECTION B – TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Company:	Address:	City/State/Zip:
Contact:	Phone #:	Fax #:
<p>In accordance with 49 CFR Part 40.25, we are obligated to request the information below from all previous employers of the applicant that employed him/her within the 2 years preceding the date above. Please complete the information below and return to us within 30 days, as required by 49 CFR Part 40. Please phone/fax/mail or email the following information to:</p> <p style="text-align: center;">DISA Global Solutions, Attn: Backgrounds, 12600 Northborough Drive Suite 300, Houston, TX 77067 Phone: 281-673-2449 Fax: 713- 972-3424 E-mail: backgrounds@disa.com</p>		

SECTION C – TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this individual had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has this individual had verified positive drug tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has this individual refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has this individual had other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Did a previous employer report a drug or alcohol rule violation to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. If <u>yes</u> , you must also transmit the appropriate return-to-duty documentation (e.g. SAP reports, follow-up testing records, etc.).		
Name:	Address:	Phone #:

Previous Employer Name (Please Print):	Title:
Signature:	Phone #: Date: